

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County..... Registration District No. 761
Township..... Primary Registration District No. 761
City St. Louis (No. 2155, Maury Ave) St. Ward)

24666
File No.
Registered No. 6065
St. Ward)

2. FULL NAME

Flora Matilda Schwartz
(a) Residence, No. 2155 Maury Ave St. Ward.
(Usual place of abode)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 11, 1921
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
11 6 28

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School Girl
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) St. Louis (STATE OR COUNTRY) MO

13. NAME Ralph H. Schwartz
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

15. MAIDEN NAME Galdie M. Flora
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

17. INFORMANT Ralph H. Schwartz (ADDRESS) 2155 Maury Ave

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Hope DATE 7-11 19

19. UNDERTAKER Wiegman, Mortuaries (ADDRESS) 4228 S. Fitzhugh

20. FILED 11 19 31 J. Bredek Registrar.

1 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 9, 1933

22. I HEREBY CERTIFY, That I attended deceased from June 25, 1933, to July 9, 1933
I last saw him alive on July 9, 1933. Death is said to have occurred on the date stated above, at 3 m.
The principal cause of death and related causes of importance were as follows:

10 Aliphtheria Date of onset 6-25-33

Other contributory causes of importance: 10

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide?..... Date of injury....., 19.....
Where did injury occur?..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify.....

(Signed) O. P. Upshaw, M. D.
(Address) 3115 So. Grand

